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March 8, 2001

Attn: Art Unit 1636

Commissioner for Patents
Washington, D.C. 20231

Re: U.S. Utility Patent Application
Appl. No. 09/438,358; Filed: November 12, 1999
For: Compositions and Methods for Recombinational Cloning of
Nucleic Acid Molecules

Inventors: Gerard *et al.*
Our Ref: 0942.4640001/RWE/BJD

Sir:

Transmitted herewith for appropriate action are the following documents:

1. PTO Fee Transmittal Form (PTO/SB/17);
2. Check No. 30592 in the amount of \$290.00 to cover the cost of a one month extension of time for a large entity (\$110.00) and the filing of an Information Disclosure Statement (\$180.00);
3. Petition For Extension of Time Under 37 C.F.R. § 1.136(a)(1) (in duplicate);
4. First Supplemental Information Disclosure Statement and Fee Under 37 C.F.R. § 1.97(c) (in duplicate);



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Commissioner for Patents
March 8, 2001
Page 2

5. 4 pages of Form PTO-1449 citing 21 documents;
6. A copy of each of the 21 cited documents;
7. Courtesy copies of missing documents AT1, AS4, AT4, AR5, AR9, AR19, AT21, AS22, AS24, AS26, AS29, AR32, AS32, AR35, AT36, AS38, AT40, AR46, AS46, AR47, AR49, AS49, AR50, AS52, AR53, AR54, AR57, AT58 and AS59-AS62, cited on Form PTO-1449 with the Information Disclosure Statement filed September 18, 2000;
8. Amendment & Reply Under 37 C.F.R. § 1.111; and
9. One return postcard.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036. A duplicate copy of this letter is enclosed.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Brian J. Del Buono
Attorney for Applicants
Registration No. 42,473

BJD/nef
Enclosures

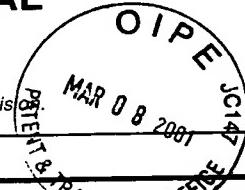
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 290.00)



Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 09/438,358 |
| Filing Date | November 12, 1999 |
| First Named Inventor | Gerard et al. |
| Examiner Name | Leffers Jr., G. |
| Group Art Unit | 1636 |
| Attorney Docket No. | 0942.4640001/RWE/BJD |

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number **19-0036**
Deposit Account Name **Sterne, Kessler, Goldstein & Fox P.L.L.C.**

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other*

*Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|-----------------|---------------------------|
| 101 | 710 | 201 | 355 Utility filing fee |
| 106 | 320 | 206 | 160 Design filing fee |
| 107 | 490 | 207 | 245 Plant filing fee |
| 108 | 710 | 208 | 355 Reissue filing fee |
| 114 | 150 | 214 | 75 Provisional filing fee |

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

| Extra | Fee from below | Fee Paid |
|-----------------------------------|----------------|----------------|
| Total Claims 62 - 64** = 0 | X 0 | = 00.00 |
| Indep. Claims 4 - 5** = 0 | X 0 | = 00.00 |
| Multiple Dependent | | = 00.00 |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
|----------------------------|----------------------------|-----------------------------------------------------------------|
| 103 | 18 | 203 9 Claims in excess of 20 |
| 102 | 80 | 202 40 Independent claims in excess of 3 |
| 104 | 270 | 204 135 Multiple dependent claim |
| 108 | 80 | 209 40 **Reissue independent claims over original patent |
| 110 | 18 | 210 9 **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)

00.00 *Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

290.00

Complete (if applicable)

SUBMITTED BY

| | | | | | |
|-------------------|--------------------|--------------------------------------|--------|---------------|--------------|
| Name (Print/Type) | Brian J. Del Buono | Registration No. (Attorney/Agent) | 42,473 | Telephone | 202-371-2600 |
| Signature | | | Date | March 8, 2001 | |

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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